

Patent Attorney's Docket No. <u>003300-688</u>

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Pa	atent Application of) BOX AF				
Alan G.	. JACK et al.) Group Art Unit: 2834				
Applica	tion No.: 09/684,988) Examiner: J. Gonzalez				
Filed: (October 10, 2000	Confirmation No.: 2765				
For:	INDUCTION MACHINE STATOR) EXPEDITED PROCEDURE) UNDER 37 C.F.R. § 1.116				
	AMENDMENT/REPLY T	RANSMITTAL LETTER				
	t Commissioner for Patents ston, D.C. 20231	RANSMITTAL LETTER RANSMITTAL LETTER RANSMITTAL LETTER RANSMITTAL LETTER RANSMITTAL LETTER				
Sir:						
Enc	losed is a reply for the above-identified par					
[X]	A Petition for Extension of Time is also enclosed.					
[]	A Terminal Disclaimer and the [] \$55.00 C.F.R. § 1.20(d) are also enclosed.	0 (2814) [] \$110.00 (1814) fee due under 37				
[]	Also enclosed is/are					
[]	Small entity status is hereby claimed.					
[X]	Applicant(s) request continued examination under 37 C.F.R. § 1.114 and enclose the [] \$375.00 (2801) [X] \$750.00 (1801) fee due under 37 C.F.R. § 1.17(e).					
	[X] Applicant(s) previously submitteda February 27, 2003_, for which cont	an Amendment Under 37 C.F.R. § 1.116, on inued examination is requested.				
[]	Applicant(s) request suspension of action by the Office until at least, which does not exceed three months from the filing of this RCE, in accordance with 37 C.F.R. § 1.103(c). The required fee under 37 C.F.R. § 1.17(i) is enclosed.					
[]	A Request for Entry and Consideration of Submission under 37 C.F.R. § 1.129(a) (1809/2809) is also enclosed.					
[X]	No additional claim fee is required.					
[]	An additional claim fee is required, and is calculated as shown below:					
(S1 00000	027 024800 09684988					

	No. OF CLAIMS	HIGHEST NO. OF CLAIMS PREVIOUSLY PAID FOR	EXTRA CLAIMS	RATE	ADDT'L FEE
Total Claims		MINUS =		× \$18.00 (1202) =	
Independent Claims		MINUS =		× \$84.00 (1201) =	
If Amendment adds mu	ltiple depend	ent claims, add \$280	0.00 (1203)		
Total Amendment Fee			· · · · · · · · · · · · · · · · · · ·		
If small entity status is	claimed, subt	ract 50% of Total A	mendment Fe	e	

L	j	A claim fee in	the amount of \$	_ is enclosed.
[]	Charge \$	to Deposit Account 1	No. 02-4800.

The Commissioner is hereby authorized to charge any appropriate fees under 37 C.F.R. §§ 1.16, 1.17, 1.20(d) and 1.21 that may be required by this paper, and to credit any overpayment, to Deposit Account No. 02-4800. This paper is submitted in duplicate.

Respectfully submitted,

BURNS, DOANE, SWECKER & MATHIS, L.L.P.

By: Harold R. Brown III

Registration No. 36,341

P.O. Box 1404

Alexandria, Virginia 22313-1404

(703) 836-6620

Date: 170 25 200